



TOWN OF KITTERY, MAINE

200 Rogers Road, Kittery, ME 03904
Telephone: (207) 439-0452 Fax: (207) 439-6806

APPLICATION FOR APPOINTMENT AS CITIZEN REPRESENTATIVE TO SCHOOL CONSOLIDATION REORGANIZATION PLANNING COMMITTEE

NAME: _____

RESIDENCE: _____

MAILING (if different) _____

E-MAIL ADDRESS: _____ PHONE #: (Home) _____ (Work) _____

(PLEASE ATTACH A RESUME, IF YOU HAVE ONE, WHEN SUBMITTING THIS APPLICATION)

WHAT SKILLS WOULD YOU BRING TO THE COMMITTEE TO ASSIST WITH THE
CONSOLIDATION PLANNING OF THE NEW SCHOOL SYSTEM? _____

DO YOU PRESENTLY HAVE ANY CHILDREN ENROLLED IN THE KITTERY SCHOOL SYSTEM?
☐ Yes ☐ No

DO YOU HAVE ANY FAMILY MEMBERS OR RELATIVES, OR ARE YOU YOURSELF, WORKING
FOR THE KITTERY SCHOOL SYSTEM? ☐ Yes ☐ No

PRESENT OCCUPATION: _____

BASED ON THE ATTACHED TIMETABLE, DO YOU FEEL YOU WOULD BE ABLE TO MEET THE
SCHEDULE? ☐ Yes ☐ No

PLEASE LIST ANY POTENTIAL SCHEDULING CONFLICTS: _____

SIGNATURE OF APPLICANT

DATE